

DrKaufman: Turpentine Detox Protocols Benefits & Safety

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Alright. Welcome, everybody. So we have now a repeat offender for conversations with doctor Cowen and friends. There's only been a few repeat offenders, so called. But Andy is now 1, and I don't think I need to do much of an introduction for Andy Kaufman since everybody knows who that is, and it's amazing what you've been doing.

So let me just start. I don't know. I think you've seen this. Maybe I have to share my screen first. I only have 2 ridiculous things to share.

The first is this quote by Florence Nightingale. Have you seen this? I believe so. There are no specific diseases, only specific disease conditions. All disease at some period or another, and its course is more or less a reparative process, not necessarily accompanied with suffering.

An effort of nature to remedy a process of poisoning or decay, which has taken place weeks, months, sometimes years beforehand unnoticed. I think that's about as good a summary as I've ever heard. It, completely fits with all of my experience working with people. Yeah. It's there's something that's causing decay or it's been poisoned.

That's it. And and that your body tries to do something about it, which is a reparative process, and that's where we get symptoms, everything from us to tumors. It's all sort of different reparative processes. So, today, we're talking about turpentine, and I thought because we've we've done another one on turpentine, but you've taken, I think, a much deeper dive into it, which is great. Because I was thinking I don't know if you would agree with this, Andy, but if there was one medicine, you know, it's the old if you were stranded on a desert island and you could take one medicine, I think you'd have to put turpentine into the top 3.

I I definitely agree because in any serious life threatening condition, the chances of it helping are quite high, and there aren't too many substances that offer as much versatility in their application. Alright, Andy. So tell us, what is turpentine? Why should everybody know about it? What does it do?

How does it work? That's sort of the same thing. How do we use it? And isn't turpentine paint thinner? So what the hell are you putting why don't you put it on your whatever.

Let's hear about turpentine. And we also It it definitely is paint thinner. And in my opinion, that's actually what makes it, effective. But, you know, it's not a petroleum product. It's not from the chemical industry.

This is, something that has been harvested from nature for, you know, at least centuries in different continents and in different cultures and it's made from the sap of the pine tree and what they do to harvest it is actually and different varieties of pine, even larch, can be used so a variety of conifers to make turpentine, although they all have a slightly different composition. But if we go to, like, the old, farmers in Georgia, in, you know, the early history of the United States, what they would do is strip the bark off the pine trees, and cut away a little bit of the surface layer of the wood. And then they would install these metal ramps, that collected the sap as it oozed out and then directed it down into collection vessel like a bucket, or a trough. You know, everybody had their own little setup. And they would collect this sap which they called the gum because it it is like this kinda off white gummy gelatinous, substance.

And you could imagine that it must contain a bit of structured water in there. And then they take that gum and distill it once they have big enough quantities. They they add water to it and then heat it up until the oil fraction evaporates and then they, you know, run that through a condenser and collect it and that is the the gum spirits of turpentine or the actual turpentine. And then eventually, then they boil off the water fraction and they're left, with a semi solid material, which is, the pine tar. And that has other applications.

Right? Like, you probably, remember, pictures on the mound, with the pine tar rosin. Right? So, pine tar has been used medically. I remember it as treatment for psoriasis or something.

Yeah. Absolutely. And, you know, there are other products that could be made from, pine sap and pine resin, as well. And they some of them are used in different, you know, liniments and, other kinds of applications in different cultures. So in some ways, it sounds a bit like maple sap, like the way we get maple syrup from, but not really.

You're not you're not, you're not collecting the running fluid of a tree. It's more like It is. It is the running fluid. It just doesn't, you know and you just tap it in a different way. Tap it in a different way.

Yeah. But it is very similar. You know, they obviously the maple sap contains different things. Right? Right.

Yeah. Because it has a lot of sugar. And that you don't distill, you just concentrate it by boiling off the water. Right? And making it a thicker syrup for our culinary taste profiles.

So, but in the sense that you're taking the sap of a tree and just essentially processing it by applying heat, it's very very similar in what you're doing. And it's important to just recognize that it's a natural substance. Right? There you don't have to do any synthetic chemistry to make turpentine. See and and there's nothing added to it.

It's there's things taken away from it essentially, except water. Well, it depends on, where you're buying it. So in some places where they sell it as paint thinner, like, hardware stores or art supply stores, they may actually denature it with other things that I would say are contaminants. Right. Right.

You could add Benzene, for example, to it. But no. It's, you know, it is basically a natural product. It can be, you know, further processed and things can be taken out of it. The two main, you know, it's essentially a mixture of terpenes, which are, you know, a class of chemicals that are are botanical and and associated with trees, but also many other plants.

And the 2, most predominant are alpha and beta pinene, and they make up about 75% of the constituents. And then there are 4 or 5 other, constituents in in smaller amounts like limonene is one of them. Right. And many other, you know, botanicals have some of these same terpenes in different amounts as well. So I I wasn't clear.

Is so is this a fat soluble fraction or water soluble fraction? Yeah. This is the oil fraction of the salt. Oil fraction. And and that's really key, to how it works, but it's it's not and that's why it's such a good paint thinner.

For people who use oil paints Yeah. Those can be very, very hard to dissolve. Yeah. And turpentine just does it really really well. Got it.

So the so turpentine is the fat it again, correct me if I'm wrong. The fat soluble fraction of the pine resin. The pine sap. Yes. Pine sap.

Got it. And the water part has been essentially evaporated off. Yeah. It's it's separated during the distillation process. I believe the oil fraction actually has a lower boiling point, so it comes off first.

Got it. Alright. So why is the fat soluble fraction of the pine resin what what does it do in a living system like us? And what let's correlate that with why people get sick or how people get sick. Yeah.

Well, definitely, those are, 2 important, aspects to commingle. Let me first just say a little bit back off the loop. Yeah. A little bit about what, you know, what turpentine does and how it, you know, interacts with your body. So it can be taken many different ways.

It's readily absorbed into the body and it can be through the skin it's readily absorbed Yeah. By inhalation, and also can be taken orally. And because of its fat fatty nature, right, being able to dissolve all the fatty things, it can easily penetrate, into the body, into the fatty tissue

and you know, across the cell membrane lipids, whether they're membranes or not, it can definitely dissolve those and intermingle. So it spreads widely through the body. And there is a pharmacokinetic study in rats, that shows pretty wide distribution in several organs and especially in the adipose tissue and and any, you know, visceral fat around the organs or any fatty areas of the body and especially into the brain, where there's a a high fat content.

Now to to Let me just stop there just to so we get so in other words, it it's I'd say reasonably proven that the first question of any medicine, any therapeutic substance is, does it actually get into us? And that seems to have been confirmed because of the the nature of turpentine. It shows up in various tissues of our body. Yeah. It it readily distributes, throughout the body, and that that's been demonstrated.

Absolutely. Right. So that's an important step. That's right. Now there's there's 2 ways that it can help your body heal.

One of those is as an antioxidant, and I'll talk about that separately. But the main reason is because of the solvent properties. Now just to kind of review a little bit about what solubility is, is that different substances are said to have different polarity. In other words, within the substance is the the charge of it, right, because all substances have charge, is it evenly distributed in the molecule? And like turpentine where that would be considered non polar, right, because there's no pole that's more positive and more negative, versus polar molecules where there is sort of a charge separation and one part of the molecule has more of a negative charge and another part of it has more of a positive charge, and that would be like water.

And polar substances tend to dissolve in water. But there of course is a, you know, a spectrum. It's not like polar or non polar. Right. And the things that are way at the non polar end that won't come near water, dissolve readily in turpentine.

And why is that important? And this is because I you know, I've been really looking into toxins that are and and specifically, I wanted to actually find research, and I have found quite a bit of it, where they examine the tissues of humans and to see if environmental toxins are present. And this has been done to a degree, and there are some types of toxins that are virtually found in every single individual. And these are known as persistent organic pollutants. So these are different classes of substances.

Some of them have been banned for decades, but they're still found in everybody's body even though they've been completely banned from, being used. And I'm talking about things like DDT, the Yeah. Famous, insecticide and and its relative DDE. Also, PCBs, polychlorinated biphenyls, dioxin, and there are many different dioxin compounds, as well as the so called, forever chemicals, the perfluoroalkyl substances that are used in, you know, non stick and water repellent, textiles, etcetera. So these are all fat soluble compounds and what happens in the body is that they tend to accumulate in fatty tissues.

Now the liver can metabolize these to some degree and make them water soluble and excrete them, but many of them don't ever make it to the liver. They go right into the fatty tissue, predominantly the adipose tissue, but also in other fatty areas of the body like in the fat around the organs, for example. They also can penetrate the muscle. You know how a good quality steak, right, is determined by the amount of marbling, right, which is the fat Right. That's actually in the muscle.

Now that's not really good for the animal and, and it's not really good for us. So if we, you know, are lean and healthy, we don't have that kind of fat inside the muscle, but if we get into metabolic issues and obesity, we can actually have fat marbling in our muscles and that will be a site that would attract these chemicals to be stored there. And of course, that can lead to, various types of muscle related issues. Also, these chemicals tend to go into the brain, you know, more so than other things because of the fat solubility. And there have been many studies looking at the toxicity of these substances, and it's it's considerable and which is why many of these things were taken off the market.

So now in addition to these persistent organic, pollutants, there are many other fat soluble toxins that we're exposed to. Some of these are plastic related or plasticizing chemicals like phthalates, but also pharmaceuticals. It turns out that, a major challenge for pharmaceutical manufacturers is that most of the drug candidates are fat soluble only, and this, makes them challenging to work in the the water environment of the biological organisms, so they have to tweak them to, change their pharmaceutical properties. And then we also have seed oils, and there's been some quite interesting research. Now one of the issues with seed oils that we know about is that they are readily oxidized, and then they become oxidants themselves, when they're in our body.

And plant sterols, which are a component of the seed oils, and those are like the compounds that are chemically related to cholesterol, but they don't function as cholesterol in our bodies, they've actually now been found in the aortic cusps of an individual with aortic stenosis. And there's additional data implicating them in cardiovascular and metabolic disease. So we've kind of got an assault of many of these, chemicals from multiple sources, you know, in the food supply, obviously, and, plus ingredients that really aren't food, you know, and other environmental exposures. And also, you know, many of us were born with some of these chemicals in our body. Like, PCBs were taken off the market, I believe, in 1979, but in somewhere around 2010, they're still found in people and they're said to have a half life of 29 years.

So, you know, if, if you were born with a 100 milligrams in your body, right, by the time you're 30, there's gonna be now 50 milligrams. Yeah. So and, again, correct me if I got this wrong, but my understanding is we do have a way of of processing, metabolizing, and getting rid of excreting these fat soluble toxins. But interestingly, it's it's a process called conjugation in the liver, which converts fat soluble toxins into water soluble compounds, which then can be excreted. But, I think what the point here is, first of all, it has to get to the liver.

And second of all, there's probably a limit to how much the liver can process and make fat soluble. Yeah. There's a number of challenges here, Tom. My one thing is that many of these substances can be toxic to the liver itself, so they can disrupt, right, the liver's ability in that way. Now there's more than just conjugation because you have the, cytochrome p 450 enzyme system that first acts on many of these compounds, especially pharmaceuticals and synthetic, organic compounds.

And some, you know, so there could be several bio transformations that are attempted by the liver before it becomes water soluble if it's successful. But what happens is some of these compounds are not transformed at all by the liver enzymes and some of them get broken down into a metabolite that is also lipophilic, right, not water soluble. And so there can be like an arresting of the detox pathways. Now fortunately, it's been shown that even if they remain lipophilic, there are still two ways they could be excreted by the body. So one is through the bile, so the liver would not be able to make it water soluble, would put it, you know, into the bile system and the gallbladder will dump it in the bowels where it'll end up in the toilet.

There's also a non biliary route where the, directly through the blood it can get to the colon to be eliminated. It's just that most of it is bound up, you know, in the fatty tissues. So it can't make it, to the liver and undergo this. However, there are several procedures that have been identified that can increase the excretion pathways, and mostly they involve losing weight and breaking down the fatty tissue or lipolysis. Yep.

Got it. So I think to summarize that, there's a pretty good case that, living beings, including humans, have been, inundated with lipophilic, i.e. fat soluble chemicals, which are toxic to our basic metabolic function, which we have not been able to excrete, and therefore, at least there's, good reason to think they may be causing us problems, and that may be a huge understatement. Yeah. I agree. And, you know, also, it's not just metabolic issues because, many of these substances are toxic to a variety of parts of our body like organochlorine pesticides, for example, are very neurologically toxic.

And, you know, so the just backing up for one second and think about, right, there are water soluble toxins. And our body is, can experience toxicity from that, but it's able to eliminate and get rid of these toxins. So if we have a health problem from a water soluble toxin, if we stop exposing ourselves to that particular problematic source, then the body should be able to resolve it. Yeah. Within a matter of a relatively short amount of time. But with these lipophilic substances that accumulate in our tissues, our body can't readily just get rid of them.

They can persist for decades as we've talked about. So, we need to somehow stimulate the body to be able to dump these things. And, you know, there are many strategies that could be used, of course, although turpentine seems to be, quite effective. Yeah. And so, again, you know, I'm speculating, and so correct me if I'm wrong.

But you could at least now we have a a sort of a hypothesis that if you have muscle dysfunction and you've got, you've got fat embedded in your muscle because of whatever reason, and you've got toxins in that fat, that could lead to muscle dysfunction. Absolutely. If you've got a pancreas that has fat around it, which we know it does, and the fat around the pancreas, has these, fat soluble toxins in it, which we seem to know now that it does, that could be a reason for, you know, functional pancreatic, insufficiency or malfunction, otherwise known as diabetes or pancreatic and and on and on and on. So whatever organ, which means every organ has fat around it or fat in it, or just being fat, then you are going to increase your exposure to these poisons cry creating dysfunction and erroneously called disease. Right.

Now, Tom, let's also not forget those, thin people that can eat any kind of junk food they want and never gain weight because those people develop a lot of fat around their organs in their abdominal cavity. Yeah. And, that is another place that can store a lot of these. So if if you're thin, you're not necessarily, out of the woods. It it really depends on your lifestyle.

Yeah. You know, it's an interesting thing to think about because, again, if we, you know, as you know, I tend to come from the idea that your body has fat around the organs. That's probably not a bad idea, to give it's a, like, a reserve of energy. Not a lot, but a little bit. You know, so you have a cushion and a reserve of energy.

But the problem is if it's full of of, you know, PCBs and and dioxin, then it becomes that that strategy backfires on you. Yeah. Exactly. And, you know, this could just be an amount because we all have, you know, some visceral fat. We need that, for the sort of functions that you described, as insulation as well, cushioning, many things.

But it's when it becomes excessive. Yeah. Right? And we know this is related to our endocrine regulation, you know, of metabolism, like, with things like insulin, sensitivity, being reduced. Yeah.

And excessive and poisoned. Yeah. Of course. And Yeah. You know, we're we're all poisoned to some degree because the way these things get into us is, you know, is Yes.

It it's just they're everywhere. Right. Right? And and so once we become aware of it, we can certainly mitigate it quite substantially, but we're not gonna completely eliminate it. Got it.

So that's, I think, a pretty coherent and clear case that we have a problem with, fat soluble toxins in our in our in our bodies. Right? So that's that's step 1. Alright. So turpentine, where does that are are we there yet to Yeah.

Certainly. Well, you know, so, really, the the simple thing is that turpentine dissolves all these substances, and helps them get out of the body. So when there have been several strategies that have been looked at of how you can increase excretion of these substances and and

decrease the body burden. And one of the strategies was actually to give a lipophile, as they call it, something like turpentine, to see if that does it. And now of course they're going to use artificial or man made preparations.

So they've used things like, I believe, hexadecane and squalene and also olestra, the, you know, the drug that prevents fat absorption. And they said that, you know, these things didn't get absorbed into the body. They were just gonna sequester these toxins in the gut. But interestingly, they actually found them in the organs of the body, so they did get absorbed, like turpentine does. But, with the use of these substances, it did increase excretion, substantially.

Now there was also, a trial done with an Ayurvedic protocol where they did some general detoxing like with some herbal laxatives and enemas, they did a low fat, high fiber diet, but they used a lipophile which was clarified butter. And so they drank clarified butter every day. And at the end of only 2 weeks, they had significantly lower levels of many of these, pollutants. Now not all of them were excreted as much as the ones that were, you know, mitigated the most but they all went down. So so there's been really, you know, good evidence that using an oil oily solvent can really be successful with this. You know, I just recently heard from a vet that I know that you if you take a dog that has been poisoned with a known fat soluble toxin and give it, what they call IV lipids, and she didn't exactly know what was in there, but that you can, like, save the dog.

Dog will die. Yeah. It's the same principle, and and they're using probably, linoleic acid. Yeah. In that, you know, the toxic seed oil, oxidized, lipid.

But still, it the toxicity of that is nowhere, you know, near what it is of many of these other things. And, you know, anecdotally, I did have an associate that I was speaking with who developed Ivermectin toxicity and which was actually quite significant neurologic toxicity, and it it was the the classic, textbook type of, problems. And that is also a fat soluble toxin. So, this individual used turpentine for a few days and was able to alleviate, all the toxic symptoms. So, essentially, what we're saying is these fats, get these toxins that are fat soluble get embedded in the tissues.

They're hard to get out, and you need to dissolve the fat with another fat, essentially. Yeah. That's one very, very successful strategy. You know, fasting was also looked at or they call it, you know, a starvation diet in animal studies. And the toxins did release because the fat tissue broke down, but what happened in that in that case is that it was overwhelmed probably the liver and many of the toxins translocated to other organs like the brain, the heart, etcetera.

So this was, you know, I think one of the things is that using this strategy with a solvent is that it does it in a gradual way, not acutely dumping all these things and overwhelming your system. Got it. So so that's one of the advantages of, I think, why this strategy is so

successful. And it so is there a particular, like, unique composition of turpentine that makes it, particularly suited for this purpose? Well, that has not been studied, really, but there are several clinical studies of turpentine, some of them topical, some internal, and some with baths.

And they do use different preparations. Like for example, there's a study on about 30 individuals with COPD. And in that study, they used a bathtub of turpentine. Now this was a Russian study and I could not get the manuscript, so I only had the abstract. And I'm not sure, you know, how much turpentine they put in that bathtub.

But, those patients, and they used large turpentine. So I'm sure that that has some different terpenes, composition. And but those patients had substantial improvement. And I think most notably is that their pulmonary hypertension decreased. And, you know, we know from allopathic medicine that when there's pulmonary hypertension, there's really nothing that could be done.

It's just a progressive, you know, factor that means your lungs are not are going in the wrong direction. Yep. Alright. So do you wanna get into a little bit then how like, what maybe what you've seen or what people have reported or any studies on how it works and then a little bit about how to use it? Like, what what situation you would do it in besides being a actually, like, a living person?

That may be the only criteria there is. Yeah. Well, if you're lot like, if you're dead, don't do it. There are very few, you know, contraindications. So the there's not much, out there about how it works except for one study where it's looking at turpentine as an antioxidant.

And this was quite impressive, actually. So one thing they did is they looked at the interaction. They added turpentine to lipid peroxidation reaction involving the seed oil constituent linoleic acid and found that it substantially inhibited lipid peroxidation. And this is really important because, oxidized lipids is one of the things that we find in lots of diseases, especially cardiovascular disease. Now it also was tested for other antioxidant properties like, superoxide scavenger, free radical scavenger, and it scored really high.

In fact, it exceeded vitamin e's, antioxidant capabilities. And, you know, vitamin e is is commonly used actually as a a preservative in various foods and and beauty products. So that that's pretty impressive in my opinion. But most of the studies, were quite interesting because it's used in animal studies to supposedly induce inflammation. But in some of these studies, there were quite surprising findings.

So there was one study where they used it and they injected it, by the way, subcutaneously in this study. And when you say it, you mean turpentine? Yes. Turpentine. Yeah.

They injected turpentine into these apolipoprotein e deficient mice. So these are genetically modified, you know, mice used for studies that develop lots of atherosclerotic lesions. Yeah. And in the they had a control group, this was a controlled trial, and in the group that they gave the turpentine to, they had substantially smaller plaque lesions. And that was, you know, they weren't even expecting that finding, but they reported on it because it was quite significant statistically.

So, you know, that's quite an interesting finding. Now there are many other surprising findings that kind of show that turpentine can help in almost any situation. So another experiment they were experimenting with lethal radiation, I'm talking about ionizing radiation, and they gave rats a dose of radiation that would be expected to kill half of them. And they were using other substances that are known to protect from radiation poisoning, but they also added turpentine to the mix. They combined it with other things and gave it alone and just, I think they just gave one dose before the radiation treatment and it only 10% of the animals with turpentine died, whereas 50% of them died when they didn't get turpentine.

So this, you know, I don't know how to explain, the effectiveness of this other than possibly, at least in part, through the antioxidant properties, but it was quite amazing. Now there were several studies showing that turpentine as a pre medication can, mitigate the toxicity of other substances, and this included some pretty nasty things like parathion, an insecticide that's been taken off the market, and also 6 mercaptopurine, which is an antimetabolite chemotherapy drug, and carrageenan. So, you know, quite interesting that it prevented, the toxicity. Now in terms of, you know, treatment, what So that that's like saying there's the there the mechanism of injury that goes back to Florence Nightingale is decay. And that maybe the biochemical mechanism of decay is this sort of oxidative damage.

So we may not know the way it works, but it seems to protect the tissues against this kind of oxidative damage. Yes. Absolutely. And I, you know, when I think of that, I kinda just think about, a rusty old car Yeah. That, you know, when these things get in your body, everything they touch just kind of turns to rust.

And, you know, that when it's rusty, it doesn't work as well. Right. And it's even the structure decays. So you, you know, you get cars and that actually eats away at the integrity of the of the tissue. That's right.

And that's why, you know, you see microorganisms being recruited to that part of your body because they are eating up the decayed, you know, bits of tissue so that they don't, fester and cause other problems. Right. Got it. Okay. So you're right to say that there's almost no contraindications, for turpentine.

The only time I would say not to use it is, when you're pregnant or nursing. And the reason, you know, is for pregnancy, one is it can actually induce contractions or labor. So you don't want that until the right time. And then also the dose that would be appropriate for the mother

is not the dose that would be appropriate for the growing fetus. So there could be, you know, everything depending on the amount is toxic.

So you don't wanna overdo it including with turpentine or, you know, even you can overdo it even with water as you know. Yeah. So and then the with lactating mothers, one thing is and I didn't mention that the body has another way of excreting these fat soluble toxins and it's in the breast milk. Right. And they've been found in the breast milk in much higher quantities, than the blood.

So it seems that the the woman's body would concentrate it there. So in addition, you so you don't want, you know, turpentine to be in the breast milk, but even more so, you don't want a bunch of these toxins that are being dumped to be in there. So you, you know, would just either the best thing is to do this before you get pregnant. But if you already are in that stage, wait till your, child is finished nursing and then it'd be a great time to do, the turpentine protocol yourself. But other than that, really, it it's amazing the variety of conditions that have been reported in the literature and then in my anecdotal experience where turpentine has produced amazing results.

Yeah. I think I've heard you say it again. I I don't wanna get anything wrong here, but you've actually seen people with, like, dive you know, oh, like clinical documented diabetes. And, you know, we all know they should stop eating sugar and do a little more exercise and all that stuff. But but I think you've actually been able to help them with turpentine as well.

Can you say anything about that? Yeah. Well, let let's just focus on the type 2 diabetes first. So many people, just by changing their diet and cutting out, you know, sugar and carbs, can get back to normal blood sugar regulation. But if they go back to, you know, off their diet, they can easily go back to diabetes and then some people with even their best effort with diet, they're not able to completely shake it.

So for those folks, I think it's really some fat soluble toxins that are just disrupting their insulin physiology. And by changing the diet alone, they can't fully get those things out of the body. So but in I've had many clients who use the turpentine protocol in this situation and in 3 weeks everyone's blood sugar is totally normal. Wow. It's very important to, you know, hold off on the blood sugar lowering medications if you're gonna do this because it's much more dangerous to have your blood sugar too low.

Right. Now even people with type 1 diabetes have had an amazing reductions, in their insulin requirement. One client from 40 somewhat units a day to 2 units a day. Wow. And that's just in 4 weeks.

So if they had, you know, continued to work on it, I wonder, you know, the possibility of completely reversing, type 1 is certainly there. Yeah. And do you wanna say anything about so there there could be the categories could be, sort of well people age 35 to 60, maybe sort

of well people over 60, people with, you know, sort of not so serious not not serious, but like diabetes, chronic disease. And then there's the category of acute illness. Like, you know, do you wanna break it down into those, like, what how people could do it?

I just just briefly yeah. Well, you know, for so first of all, and what I, you know, in my consultation practice and what I really focus on is serious and life threatening illness. So, you know, autoimmune disease, metabolic disease like cardiovascular disease and strokes, cancer, all of these conditions can respond very very well to turpentine. Now as we get you know some people can do this just for a general cleansing protocol, right, that they're in pretty good health but they wanna tune up or they want to take sort of preventive action. And you will notice that many little things will clear up, when you do this, like things that we might even attribute to to aging.

Now also this is very safe for children, so there are many, you know, now I wouldn't do it just, you know, for fun with kids, but if the child has a health issue, I have, you know, many success stories for different things, including you know serious infections but also malabsorption syndrome and you know neurologic or neurodevelopmental disorders, you know, like like autism and Tourette's and things like that. So Right. It can be used safely. Obviously, there'd be some different procedures and a lower dose that you would follow. But all of that is I'm really we're talking about, you know, doing a full protocol, which has several other aspects to make it safe and make it effective and but that's with taking the turpentine internally.

But it can be used, for many acute conditions and other conditions, in other ways. Like topically is how I first experimented with it and there are actually 2 published randomized controlled trials for skin infections, one for folliculitis and one for skin abscesses, and what I use it for was cellulitis, I used to get a recurrent, cellulitis before I got wise to natural healing. And when I first just put a couple of drops on a skin infection, I did that 3 times in one day and the next morning, it was totally cleared up. All the other times, I just used bacitracin ointment, and it took about 2 weeks to clear up. I'm not sure if the bacitracin did anything or not, but I knew that I didn't want to take oral antibiotics even back then when I wasn't completely awake.

And then when I did the internal protocol, since that time, I never had another skin infection. So I've also found it to be extremely effective for wound infections and actually, historically, it was used by many surgeons, for, you know, bad wound infections, contaminated wounds, and also to stop bleeding as a hemostatic agent. And there were some surgeons that were very strong advocates, that you could read about in some historical papers from the 1800, in that respect. And then there's the inhaled, use of the turpentine, and this comes in really handy for acute respiratory illnesses, but also for asthma attacks, and also it would be part of the way I would approach treatment for, chronic lung diseases like COPD, and even interstitial lung disease can benefit, from turpentine where there's really no treatment in

conventional medicine. And, you just, you know, put some drops on top of a pot of boiling water and do a steam inhalation, or you could use a nebulizer, to inhale it, and that can be very effective for, you know, bronchitis, pneumonia, even croup.

I mean, you know that I have a 1 year old at home. And, over the summer after we got all of the, you know, Canadian wildfire smoke, whatever that stuff was, everyone in my family got a respiratory illness, and, my son got, like, a croup, with the Airway Strider. And we eventually did the inhalation with him, you know, and he was, like, 6 months at the time. And within minutes, he stopped making those sounds, and then he fully recovered the next day. So, you know, it's it's it's really quite amazing, used in in a variety of ways.

You know, my guess is that there's probably 2 components to that. 1 is some of the of the pathology is from actual, like, so called oxidative damage to the tissues, which is then creating irritation and maybe spasm. And so it has a direct effect on that, like immediate. And the second is it's this decaying of the tissue, which it helps, you know, that's the more of the toxic issue, And it gets rid of the toxins so the tissue doesn't decay, and so that cycle is probably broken. You know, I think the these are inter connected because what's causing the oxidative damage, right, is the toxins that are at the location of the problem.

And then so it's it's exerting the antioxidant influence, but then also kind of washing them away. You know what I mean? Think about how we use solvents in our house. Right? That those are the cleaners essentially.

Right? When we make up a vinegar solution or, you know, use, a poison industrial cleaner, it it's essentially dissolving whatever the dirt and muck is that we're trying to clean. And so you could think about it as it's it's going around and kind of, you know, like with a mop full of turpentine in your lungs. Yeah. Dissolving the muck in your body.

That's, you know, we study for 20 years and it all comes down to you got you got muck in your body and you gotta get rid of it. And you think, you know, all these years, you know, I've been studying this pathway and this, and it doesn't mean a whole lot, probably. Yeah. If they made it into the mainstream, they'd make up all sorts of molecular pathways about that. Even some of the studies are already like that.

Yeah. I'm sure. Alright. So you're you did a a little a workshop on this that people can access to get, like, exact protocol doses, how do you do it, all that? Can you tell people where to where to find that?

Yeah. So and I'll provide you, the link that we can put, below here. It's called the Power of Pine workshop, and it was, you know, just last evening on Easter Sunday. And I went through all of the, you know, scientific arguments, why to use turpentine and presented a lot of data about turpentine including its safety. And, you know, you may not even realize it's it's used in many food products.

Yeah. In small quantities. And it's the FDA allows that readily. And Vicks VapoRub was Yeah. Vicks VapoRub, as well, of course, and some other products.

I found some Chinese ointments, that contain it as well. Yeah. So I go through all that and then I step by step go through the protocol, which is a very detailed protocol based on, you know, many years of my experience. And the the protocol is included, of course, with the workshop as well as the slides and, several other bonuses. And this is, you know, a lifetime replay.

So because you might wanna watch certain aspects of it a few times to make sure that you have all the details correct, and you can do this, you know, in a safe and effective way. So that is still available, of course. And then, you know, in addition to that, in my, True True Living Fellowship platform, we're actually doing a detox challenge where I think there there might be already a couple of 100 people signed up for this. Wow. And we're all gonna we're all gonna do this protocol together including myself.

I'm gonna do a few extra things actually, myself with it, and I'm gonna, you know, give a couple of webinars to answer questions and help people get through it, and I'm gonna post about my own, you know, experience as I go through it myself and, let you know how that's proceeding because I'm gonna try to, get rid of my eyeglasses during this detox. Great. Alright. And so we'll we'll we'll put the links to that and, everybody can sign sign up and check that out. And it's really great that you're doing this, Andy.

I mean, I think we we do need to move from, you know, be like, yeah, there's no viruses and all that, you know, but eventually we have to start here is here are strategies that actually work to, get us healthier than we used to be, and I think that's where we're heading now. Well, you know, of course, once you realize that germs are not our enemy or causing any problems, you know, the curiosity leads to, well, what is it exactly? And then, you know, how can we rectify it? And, you know, the the overarching principle for me is that the answers are in nature. Yeah.

Answers in nature and maybe and working with how your body would like to do it, but maybe needs a little help. You know? The body is trying to detox, but it just doesn't it wasn't used to the amount the capacity that it has to deal with these days. That's right. And, you know, even with turpentine, the body is what's taking all the action.

Yeah. Right? The turpentine may dissolve these things, but if your body can't get rid of them, you're not gonna get better. Yeah. Got it.

Alright, Andy. Any final words? Well, just, really enjoy catching up with you, Tom. And, you know, it's, definitely nice to be among friends. Got it.

Can't say enough about that either. So thanks for being there and all the work that you're doing. We'll put the links in. Everybody check it out. And thanks everybody for joining us.

